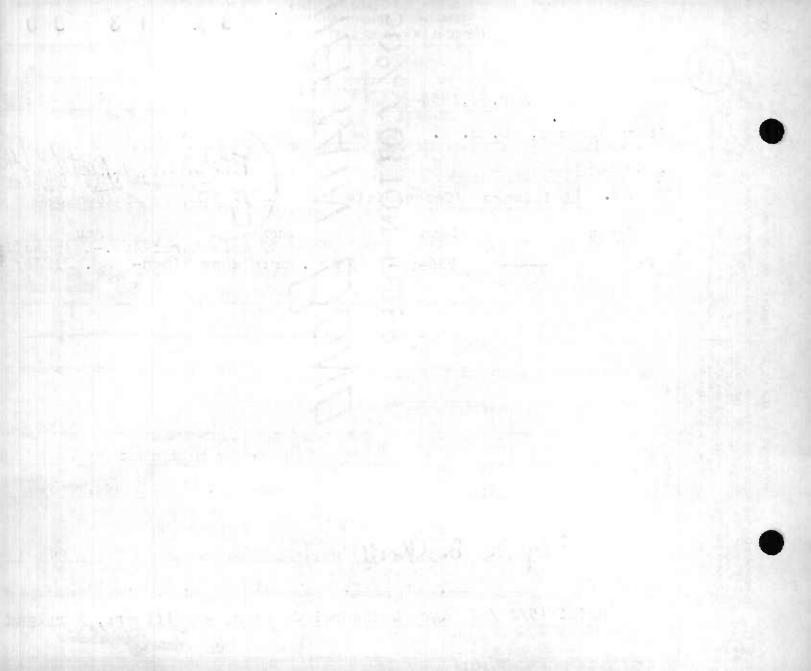
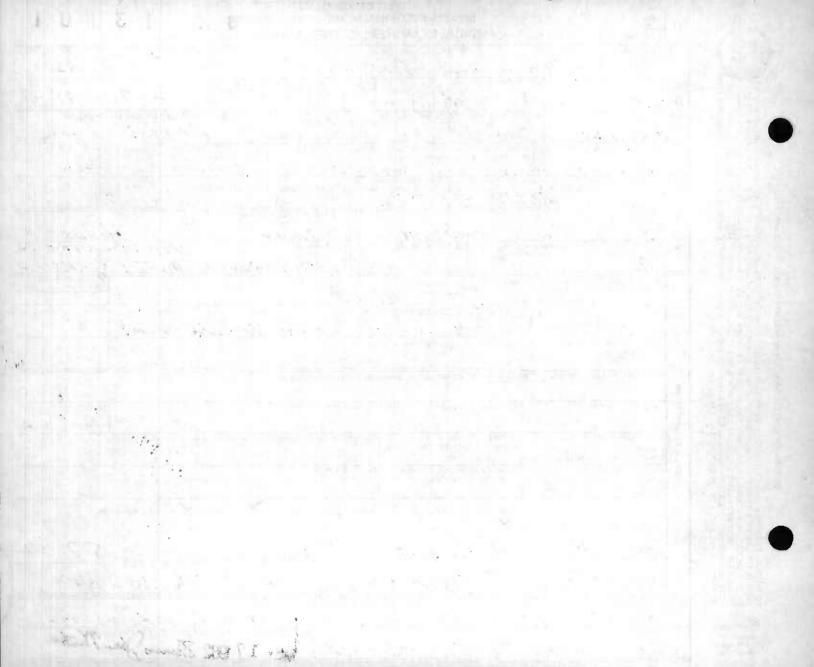
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR REG. NO KNOWN DECEASED NAME TYPE OR PRINTI OF ESTI-Roberto Xavier Alban DEATH MATED 14 19 SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR AY IS NECESSARY, PI THE FUNERAL DIREC AGE 5 FOR YOUR FILED, AWITHIN 72 PRONOUNCED male white 26 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MICE WHAT COUNTRY? MARRIED NEVER MARRIED Silver Springs Howard County 3. RETAIN PAGE 5 SHOULD BE FILED, AL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION -scene 130. STATE Catonsville 13d. INSIDE CITY LIMITS? Md. Holmehurst 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM
III. PAGES I AND 2
DIVISION OF VITA Ramon Alban Lucu Wrau 17. INFORMANT 37 Holmehur Stess Ave. - Catonsvil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Md. 21228 266-59-2883 Mrs. Erin Anne Alban-18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral injury ALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES OX NO [21n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR slipped from moving truck&struck by truck CONTRIBUTING CAUSE OF DEATH 3: 15PM. 5/14 21f LOCATION 21d. INJURY OCCURRED TOR: PAGE 3 THE STATE DE AND, 21201 F STREET, FACTORY, FARM, ETC.) Rt99/12MiWestRt32, W.Friendship Area, HowCo, MD 12 WHILE NOT WHILE AT WORK highway MARKLAND, and in my opinion 22a. I certify that I taok charge of the remains described above, held an Inspection EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) 5/15/82 SIGNATURE EXAMINER'S NAME Penn St. Balto.MD 21201 Margarita A. Korell. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE urial New Cathedral Cemetery Maryland Baltimore. 24 FUNERAL DIRECTOR Sterling Juneral Estate **DHMH-17** 736 Edmondson Ave. (VR A15 ME (5)) 15M 2/80 Catonsville, Ovd. 21228



	/	STATE OF MARYLAND	
1/-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2	101
_	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
T. DE	CEASED NAME PE OR PRINT) 5 teo hen	Elwood ANDERSON, Je 20. DATE KNOWN OF ESTI- DEATH MATED 5.	7 19 82 2b. HOL
3. SE	, MS	ATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HOL
70 8	-10-11	1 17 07 19 YRS. DEAD	1982 76
Fo	IRTHPLACE (STATE OR 7b. COREIGN COUNTRY)	United States Widowed Divorced D. BALTIMORE CITY OR COUNT	County M
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SU	AL RESIDENCE (IF IN NURSING HOME OR OTH	award County Emergency Koom Ketined	FARM
3a S	STATE 136. COUNT	13d. CUTY OR TOWN : 13d. INSIDE (ITY LIMITS?) 13e STREET ADDRESS YES NO D 12799 Triadelphia.	Rd
4. F	ATHER'S NAME FIRST MID	15. MOTHER'S MAIDEN NAME	
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16a. \	WAS DECEASED EVER IN U.S. ARMED F	FORCES? 166. SOCIAL SECORITY NO. 17. INFORMANT 180 7859 TRI	Adriphie 14
	110	219146601 EVELYN Ambrason Elliott P	E 111210/2
	18 CAUSE OF DEATH (Enter anly and	e cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:	(III'III a . I I'I'M I	BETWEEN ONSET AND DEATH
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	Conditions, it any, which gave rise to immediate	m Artenoscleroti, Cardro-Viscular discuse	
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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ERT	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAGE	YES NODE
	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 19 21e PLACE OF INJURY (ATHOME, 211 LOCATION	
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
		the remains described abave, held an Autapsy . Inspection . Inquiry . and in my ap	nion
	220. I certify that I taak charge af to		
	death resulted fram: Natural case		
	death resulted fram: Natural can	uses Accident , Suicide , Hamicide Undetermined manner ,	00 60
		uses Accident , Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) DATE	5.7-82
and the second	death resulted fram: Natural can	uses Accident , Suicide , Hamicide Undetermined manner ,	5.7-82 21543
23a.B	ACTUAL SIGNATURE NAME EXAMINER'S NAME	Undetermined manner , TITLE (SPECIFY) DATE SIGNE THE SIGNE TITLE (SPECIFY) A.D. DEPTH MEDICAL EXAMINER DATE SIGNE TOTAL COMMENT TOT	5.7-82
23e.B	ACTUAL SIGNATURE EXAMINER'S NAME Tho MAI	Undetermined manner TITLE (SPECIFY) ALCO H. CO. H. CO. H. C. M. C. C. C. C. M. M. C. C. C. C. C. M. M. C. C. C. C. M. M. C.	5.7-82 0843
(ACTUAL SIGNATURE LANGE TYPE OR PRINT) WIRIAL CREMATION, REMOVAL 23b. DA	Undetermined manner TITLE (SPECIFY) ALCO H. CO. H. CO. H. C. M. C. C. C. C. M. M. C. C. C. C. C. M. M. C. C. C. C. M. M. C.	5.7-82 2843 Ind Mal.



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3, 5	EV	4. RACE	IRWIN	DATE OF BIRTH		RBACH	Lieuwen		ATH MATED	5-30	-829	FAD ALL
J. J	LA	4. KACE		AONTH DAY	YEAR 6. AGE (IN YEAR LAST BIRTHDA)		HOURS	MIN. PRON	DATE NOUNCED	5-30	-82,	EAR BAN
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	New Yor			U.S.A.		WIDOWED 🔼	DIVORCE	D Ho	ward Co	ounty		
10.	CITY OR TOWN		1 111.	(IF NOT IN SUCH FA	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUT	TION	_FOR MOST OF	CCUPATION (F WORKING LIFE)	TYPE OF WORK	26 KIND O OR IND	F BUSINES USTRY
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14.	FATHER'S NAME		AAI	DDLE	TPAL	15. MOTHE	R'S MAIDE	NAME	AIDDIE		1241	
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Resident Control And the second of the second o page 3

Pages 1 and 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burnal-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) Nannie	Lee	Collins	M 5	21 82 26. HOUR 9 40 M
	Female	4. RACE White	5. DATE OF BIRTH MONTH, DAY YEA SEPT 9 193	6 AGE (IN YEARS LAST BIRTHDAY) 4 45 YRS	IF UNDER I YEAR IF UNDER . HRS MONTHS DATS HOURS MIN.
ř	70. BIRTHPLACE (STATE OR FOREIGN TENNIESEE	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE WIDOWED DIVORCE	HOWARD	TY OF DEATH Co. MD.
1	ELLICOTT CITY	11 NOT IN SUCH FACILITY, GIVES	DRSING HOME OR OTHER INSTITUTIO STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWORK	126, KIND OF BUSINESS OR INDUSTRY
)	// -		BEFORE ADMISSION) 13d. INSIDE CITY LIM YES NO	1 9524 PET	108
1	Emory	MIDDLE RING	15. MOTHER'S MAID FIRST MANUAL PROPERTY MANUAL MA	MIDDLE	12 m a rd
	16a, WAS DECEASED EVER IN U.S. AR (YES, NO ONUNKNOWN) (IF YES, GIN	VE WAR OR DATES)	SECYRITY NO. 17 INFORMANT / -357/ LESTER B.C	Collins SR. Elluit	C.G. Md 21043
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gove rise to immediate	TE CAUSE (0) Card	in polmorary	ARREST	BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMM redicate 15d.
	couse (a), stating the underlying cause last. PART 2, OTHER SIGNIFICANT (107		breast Carin	1
		race to pen		E TERMINAL DISEASE OR CONDITION C	SIVEN IN PART 110
1	NO THE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \)
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	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.l certify that (l) (this haspi sow the deceased alive an above, (l) (we) (did) (did no	M ~		pinion death accurred on the date and h	our and from the causes stated
	22s SCHARON May	ans	ATTEND PHYSIC	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN	5-22-8
	DEPUTSICIAN'S NAME (TYPE O		HARA 220 ADDRESS	Concern St	111111.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

FOR

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

ROCATION
ROC

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	(TYF	E OR PRINT)		BRUCE	Wesle	ey	ENN	IS			OF DEATH	ESTI- H MATED	×× 5-1	5-821	0	м
	3. SE	(4. RACE	5. DATE OF BIRT		6. AGE (IN YEA	RS IF UN		IF UNDER		2c. DAT	E	MONTH	DAY	YEAR	5:30F
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1	14. F/	Mary]		rard		Dayton			NO R	EN NAME		een B	ridge	Road		
C		Kennet!		MIDDLE	1	Ennis /		F	ndra		M.	MIDDLE		John		
Ī	16a. V		DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY	NO.	17. INFORA	MANT			5348RE	Freen			20.
		no or unknown	JAM) (IF YES, GIVE	WAR OR DATES	216-	70-304	11	Sandr	ra M.	Brid		Dayto				
		IB. CAUSE C	F DEATH (Enter on	ly one couse per li	ne far (a), (b), and (c).)	,	11-0	V.					APPR	ROXIMATE	
		2 AL	EATH WAS CAUSE	D BY: TE CAUSE (a)	Nar	cotism	19							derwei	en onser	AND DEATH
		507	7		R AS A CO	NSEQUENCE C)F									
	-	gave ri	ns, if any, which se to immediate	(b)												
		lying car) stating the <u>under-</u> use last.	DUE TO, C	R AS A COM	NSEQUENCE C	F									
		PART 2 OTHER C	IGNIFICANT CONDITIONS	CONTRIBUTING TO GE AT	N BUT NOT BE	ATEO YO YUR YERU	WAL DIST 155									
	N	TAKE E GINER)	ionii icanii (onoiiion)	CONTRIBUTING TO UCAT	I BUT HUT KEL	ALED TO THE TERMS	MAL UISEASI	E OK COMOTITO	N GIVEN IN PA	ARI 1 (a).						
-	ATK	19a DATE OF	OPERATION	19b. CONE	DITION FOR	WHICH OPERA	ATION W	'AS PERFOR	MED?					20. AU	TOPSY?	
	CERTIFICATION	15 19												YE	s 😱	NO 🗆
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,	CAL		NG CAUSE OF	DEATH P.	M.	19										
	MEDICAL	21d INJURY (STREET 64	OF INJURY	(AT HOME,		CATION			CITY OR TO	OWN	co	OUNTY		STATE
		AT WORK	AT WORK													
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2		death result	ed from: Notu	ral causes X,	Accident	, Sui	cide	, Homic	ide,	Undete	ermined m],			
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-		SIGNATURE	140	unjoule	- (No	Jun	UL M	.D. Assi	stan	MED!	CAL EXA	MINER	SIGN	ED_5-	6-82	
1	-	EXAMINER'S	NAME	0	0	15.9-										
	22a D	(TYPE OR PRI		garita A	Kore	NAMÉ OF CEM				enn	Stro	et				
	(5	PECIFY)		736. DATE 5/8/82						CITY	CATION			INTY	STA	
	24. FI	Duria.				inthicu	m Ua	apel (250. DATE	REC'D. BY	REGISTR	AR 25b. RE	HOWAT	d War	ylar	<u>d</u>
	STA	CK Fun	eral Home	ADDRE FILL		3r 1/0	and		444	117	1000	7	V	J4	-	5
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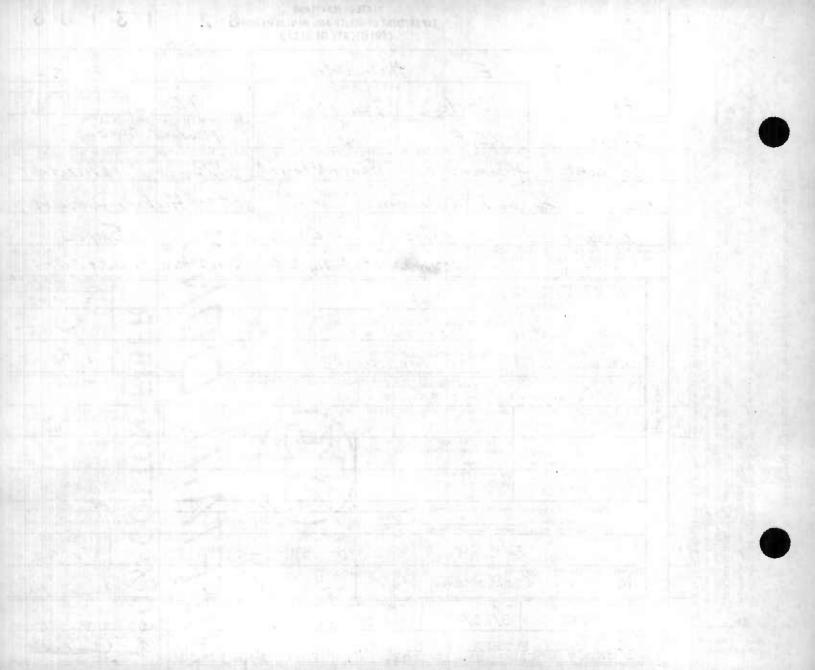
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					GOUDEN	Gooden	DEATH MATED		.,	٨
3. SE	X 4	RACE	5. DATE OF BIRTH	6. AGE (IN YE)		YR. IF UNDER 24 I	N. PRONOUNCED	5-28-	82	14:105
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F	IRTHPLACE (STA	IE OK	76. CITIZEN OF WI	HAI COUNTRY?	_	NEVER MARRIED	<u> </u>		DEVIN	
	irginia	E DE ATH	U.S.A.	PITAL NURSING HOME	WIDOWED [USUAL OCCUPATION		KIND OF BU	SINESS
		·	(IF, NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	, OR OTHER III		FOR MOST OF WORKING LIFE)		OR INDUSTR	RY
USU	Columbia AL RESIDENCE (II	IN NURSING HOME O	7001 Dec	OD CUD VE'RESIDENCE'BEFORE ADMISSI	ONI		ity Engineer	r		
13a.	STATE	136 COUN		13c. CITY OR TOWN	13d. I	NSIDE CITY LIMITS? 13e	STREET ADDRESS			
_	rginia ATHER'S NAME	l v		Portsmouth	-	AOTHER'S MAIDEN N	427 Russell	St.		
	FIRST		MIDDLE	TRAD		FIRST	MIDDLE		LAST	
160.	WAS DECEASED	EVER IN U.S. ARA	D. MED FORCES?	Goode		Elizabeth	ADDRE	Co ESS Donat		**-
(YES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	226-40-840	00	lawilen Co			smouth	, va.
-	18 CAUSE OF	DEATH (Enter on	v one couse per line	far (a), (b), and (c).)) I	TALLIYN GO	oden 127 Rus		APPROXIMATE	INTERVAL
	PARTIDEA	TH WAS CAUSED	BY:	Multiple i	niurios				BETWEEN ONSET	AND DEATH
-	241	MMEDIAT		AS A CONSEQUENCE			10 6 10 7 10			18-11
		, if any, which	(6)							
	couse (o) s	to immediate toting the under-	DUE TO, OR	AS A CONSEQUENCE	OF			10000		
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NO									7. 22	
	19a. DATE OF C	PERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PE	RFORMED?		2	0 AUTOPSY?	
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TIFICAT		0.11105/::::	100 0000							
L CERTIFICATION	21a EXTERNAL		216. TIME OF	MONTH DAY YEAR	8	NJURY OCCURRED (
	UNDERLYING CONTRIBUTIN	XX OR G CAUSE OF t	DEATH P.M	AMONTH DAY YEAR $5-28-82$	pas	senger in	an airplane			
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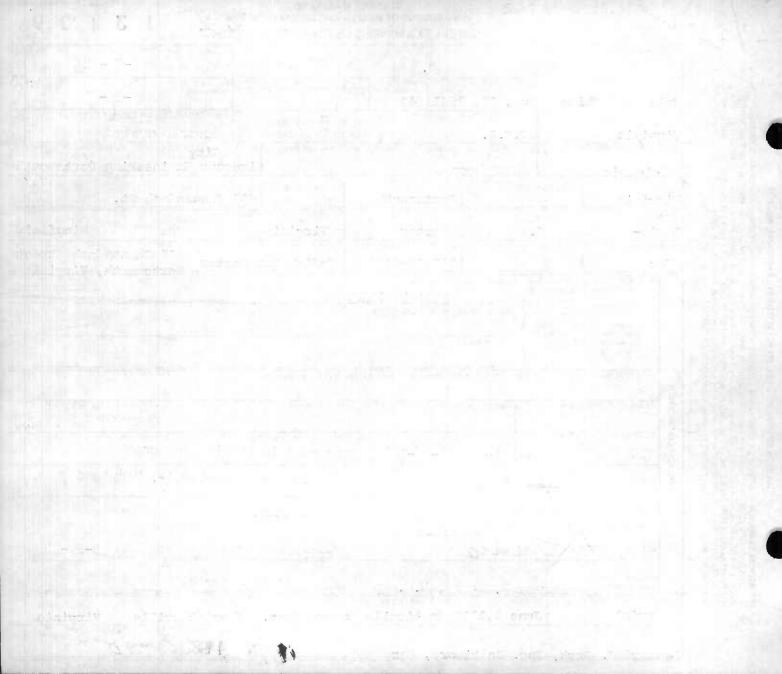
*	STATE OF MARYLAN FOR DEPARTMENT OF HEALTH AND MI STATE REGISTRAR CERTIFICATE OF DE	ENTAL HYGIENS 2 3 U /
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT) TSabelle M. Griffin SEX 4. RACE 1. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 5-17-82 2-9M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ith. Por	Female Cay Cas Sian 3 DAY BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED ENEVER MA	
the fune decrete decre	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (FNOT IN SUCH FACILITY, GIVEN TREET ADDRESS) HOW ard County General	UTION 176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 134. HOUSEW FE DWN HOME
within 24 hou and 2 should be a should be miner must be	FATHER'S NAME 15. MOTHER'S A	AAIDEN NAME ROSEMAN Dr. 21043
be executed with the second of	Frank Michel V But was deceased ever in u.s. armed forces? 166 SOCIAL SECURITY NO. 17, INFORMAN	lizabeth Baummer
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonapapers. Pages I and 2 should be file than Americal Transit permit. The period, cremotion, or removal.	18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WORTH
IF VITAL RECORDS, 20] ANI, The law requires the physicion infinces has been signed I-transit permit. Then plee of Hygiene prior to burio in 18 shows any injury, or	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CORD OPD COBS 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORM SBOZIAL MEDICATION 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	
DIVISION OF VITAL REDIVISION OF VITAL REDIVICE PRESIDENCE After this certifician. After this certificate perse to she buriol-transit persengation of the mod Mentol Hygiene provided or Item 18 shows:	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLE) 21d. INJURY OCCUME 21d. INJURY OCCUME 21d. INJURY OCCUME (AT HOME, STREET, FACTORY, OFSICE, FARM, ETC.) STREET STREET STREET	A/A CITY OR TOWN COUNTY STATE.
ITAL OR ATTEN by the hospitol by the hospitol ERAL DIRECTOR e detoched for on State Dept. of He NT: If them 21 is	17% SIGNATURE DEGREE	19 to
TO HOSPITAL retoined by the TO FUNERAL should be determined by the Store IMPORTANT:	RANOY L. ELLIC 30. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CR. (SPECIFY)	
BP DHMH - 16 50M 1/76 (VR A 15 (4))	Burial 5/19/82 St. John's Ceme FUNERAL DIRECTOR Witzke P.A. ADDRESS 1630/Edmondson Avenue, Catonsville, Md. 21228	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Section and the section of the secti The second of the second of the second of AND THE RESERVE OF THE PARTY OF

7	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	131	0 8
eash eash		OR PRINT) ALTA	E. MIDDLE	Hay	worth	20. DATE OF DEATH M	NONTH DAY YEAR 9 82	26 HOUR - 50 M
	3. SE	FEMALE	White	s. DATE (DE BIRTH PAY 1905	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
80 mg		RTHPLACE (STATE OR FOREIGN	U.S. A.	COUNTRY? 8 7 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH	MD
by the fulled with		Colum BIQ.	HOWARD	County Ge	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in hauld be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	NTY 13t S	SIDENCE BEFORE ADMISSION) ITY OR TOWN OLUME BY G.	13d INSIDE CITY LIMITS? YES NO	13, STREET ADDRESS HA	ckary Rid	Pga PL
ampletely ond 2 sh		LONNIE	MIDDLE	OWE	ANNIE	MIDDLE	SMAL	AST
on and co		VAS DECEASED EVER IN U.S. AR (IF YES, GIVI	MED FORCES? 166 S E WAR OR DATES)	3-09-4107	Bobby Lyks	10612 High		Cd K2 (044
physicio and popers: emayol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ofy one couse per line fo D BY: TE CAUSE (o)	Sepsis			APPROBETWEE	DACES
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by the see remover tremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF MENCH	gi his		2	DAYS
equires the signed to Then pleo to buriol, or o	NO	PART 2 OTHER SIGNIFICANT (1.	Factore	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
he low re on. has been t permit. I cene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
G PHYSICIAN: The straining physicio per this certificate if the buriol-tronsit and mental Hygic ked or frem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2	
or attending After this cert e as the burio ofth and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ		211. LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
or us f He		22a. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	5/9	19 8	nd that in (my) (our) opinion	deoth occurred on the dot		=, that (I) (we) lost he couses stated
Che he he		220-SIGNATURE Transman	Holdste		DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF	· /	SIGNED 9/82
HOSPII bined by FUNER wild be the St PORTAN		22d. PHYSICIAN'S NAME (TYPE O	Groldstei	4	220. ADDRESS Man	land Kepi	tool Balting	21209
BP	23a.	Burial, cremation, removal Burial	23b. DATE 5/13/82		EMETERY OR CREMATORY ASTLE Cem.	23d LOCATION CITY OR TOWN New Cast	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F 7	DER LAUREL DOI Sandy Spr	FUNERAL H			E REC'D. BY REGISTRAR 2		ATURE



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117			CEASED NAME			MIDDLE			LAST		2	e. DATE OF	KNOWN ;				2b. HOUR
	3222 E			RALF	PH	D			HEST	TER		DEATH	MATED	<u> </u>	-28-8	219	M
	2000	3. SE)		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDER		RONOUN	CED	MOR	ATH DA	YEAR	74:08
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	MARKETON N	7a BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUN	TRY?	8. MARRI	ED NE	VER MARRI	ED D		ORE CITY	-		FDEATH	
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	2, AND 3 TO THE R. 3. RETAIN PAGE 2. SHOULD BE FILED AL RECORDS. 201	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTH	ER INSTITU		FOR M	ALOCCUI OS OTAS	PATION (T	YPE OF W	ORK 12b.	KIND OF 8 OR INDUS	USINESS TRY
	PA P		olumbia		7001 De	ep Cu	ID.				pirec	ctor	Engin	eer	ing I	Ports	mouth
102	COSTANTON TO THE PROPERTY OF T	USUZ 130. S	TATÉ	IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		OR TOWN	(NC	13d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRE	SS		173	10.11	Va/
.21201	A K H S H S		rginia	V		Port	smouth	า	YES 🗌	NO 🗌	435	Shen	andoa	h S	t.		
MD.		14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHE	ER'S MAIDE	NNAME	M	IDDLE		B	LAST	
DRE,	DEATH.		vis-		S.		ster			ginia			Mae			Wing	field
BALTIMORE,	JRS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND DIVISION OF WITH	16a V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		IAL SECURIT		17. INFORM				ADDRES		nando	oah S	treet
SALI	DIS AF WITH WITH T. PAG DIVISIO	Ye					-56-808	36	Judi	th An	n Hes	ter				Vira	
	DUR 18. 0 MIT. I		18 CAUSE OF	DEATH (Enter D	nly ane cause per line			=							1	ADDDONALA	ET AND DEATH
NO.	24 HO ITEM I LONG PERM GIENE		0141		ATE CAUSE (D)		iple		ies								
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9.	VITH VAN RAN TAL	Ĺ	gove ris	e to immediate	e / (b)												
× ×	ED V		lying cause	stating the <u>under</u> se last,	DUE TO, OR	AS A CON	SEQUENCE	OF									
5, 20	NO VERY			1	(c)												
DIVISION OF VITAL RECORDS,	JULD BE EXECUTED S' PENDING" IN PRESENTED EXAMINED FOR A BURIAL EXAMINED FOR ALL CREMATION, (A)	NO	PART 2 OTHER SIG	HIFICANT CONDITION	S CONTRIBUTING TO DEATH I	BUT NOT RELA	TED TO THE TERM	INAL OISEASI	OR CONDITION	N GIVEN IN PAI	RT 1 (a).						
×	HEA MEA	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	13
I	00======	IFIC	130133												5	YES 🗆	NOXIX
OF V	WENTER OBL	CER		L CAUSE WAS	21b. TIME OF		DAY VEAR		OW INJURY								XX
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VISIO	ED 1	MEDICAL	21d. INJURY O		21e PLACE C			21f. LO	CATION	0		Calu	mb i a	Ma	rula	nd	
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	NA PER		depth resulte	d fram; / Noti	polepuses .	Accident	X, Su	icide	, Homic	cide .	Undeter	rmined mo	nner],			
	WIT WIT			LIPE	71. 1. 1.)	_		TITLE (SI							00 0	
	AL SECTION		ACTUAL SIGNATURE_	7// ~	rau	7		M	Assis	stant	MEDIC	CAL EXAM	INER		ATE 5	-29-8	52
	NOR NOR	12	EXAMINER'S	NAME													
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYLMORE, MARYLAND, 2		(TYPE OR PRIN	HO!	1110	-	M.D.		ADDRESS_	111 F			T				
	AUSA49	23e.BI	JRIAL, CREMAT PECIFY) Burial	ION, REMOVAL			IAME OF CEA				CITY O	RTOWN			COUNTY		STATE
	BP		-		June 1,19	82 Mo	nticel	lo Me	emory	Gdns.	Cha	arlot	tsvil	lle	V	irgin	ia
	DHMH - 17	24 FL	NERAL DIRECT	IOK	ADDRESS					25e. DATE R				GISTRAI	CERN	ATOM	J. 220
	(VR A15 ME (5)) 20M 4/82	Loc	nard J	Ruck,	Inc. Balti	more	, Mary	land			JN	4 198	C C 13	ineno	0		



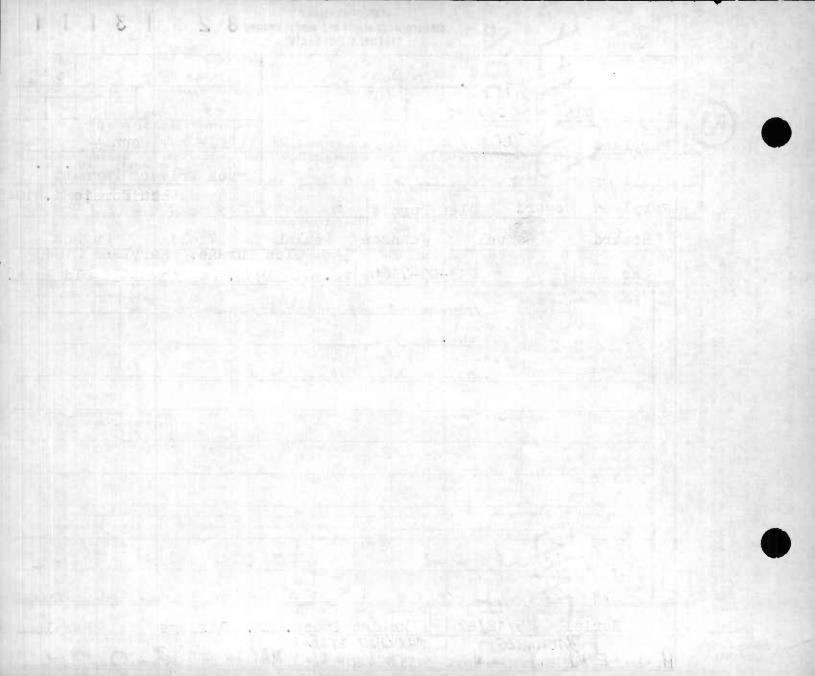
1. 0	DECEASED NAME FRST MIDDLE LAST OF ESTI- DEATH MATED 5-28	3-82 M
	EX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 5-28	3-82 4:20
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED	
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12b. 12c. USUAL OCCUPATION (1YPE OF WORK 12b.) FOR MOST OF WORKING (IFE)	KIND OF BUSINESS OR INDUSTRY rtsmouth, Va.
130	UAL RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 134. COUNTY 136. CITY OR TOWN Portsmouth 136. INSIDE (ITY LIMITS? YES NO 3712 Shoreline Drive	T Sagarina
3 14.	FATHER'S NAME FIRST George R House, Sr. Ella Beatrice H	louse
3 160	** ** ** ** ** ** ** ** ** ** ** ** **	Shoreline Dr.
,	PART I DEATH WAS CAUSED BY: Multiple injuries	
CERTIFICATION		20 AUTOPSY? YES NO XX
1	UNDERLYING WAR THE CLASH TO AM TO SEE THE PLACE OF INJURY (ATHOME. 211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION	
43	270. I certify that I took charge of the remains described above, held an Autopsy Inspection XX, Inquiry, and in my apinic death resulted from: , Natural Causes, Accident, Suicide, Hamicide, Undetermined monner, ACTUAL, ACTUAL, DATE	
BALTIMORE, MARYLAND, 21201 PRIO	EXAMINER'S NAME (TYPE OR PRINT) Hormoz R. Guard, M.D. ADDRESS 111 Penn Street	
	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	state Virginia NATURE I AND THE

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the ottendin remove cork emotion, or ter troumotic		Conditions, if any, which gave rise to immediate cause (0), stating the	DUE TO, OR AS	s a conseque						
mit. Then please rer prior to burial, crem ony injury, or other	ICATION	gave rise to immediate	DUE TO, OR AS	S A CONSEQUE	NCE OF ASCVD by		200 AUTOPSY?	ITION GIVEN I 20b. IF YES, WI IN CERTIFYING	ERE FINDIN	GS USED
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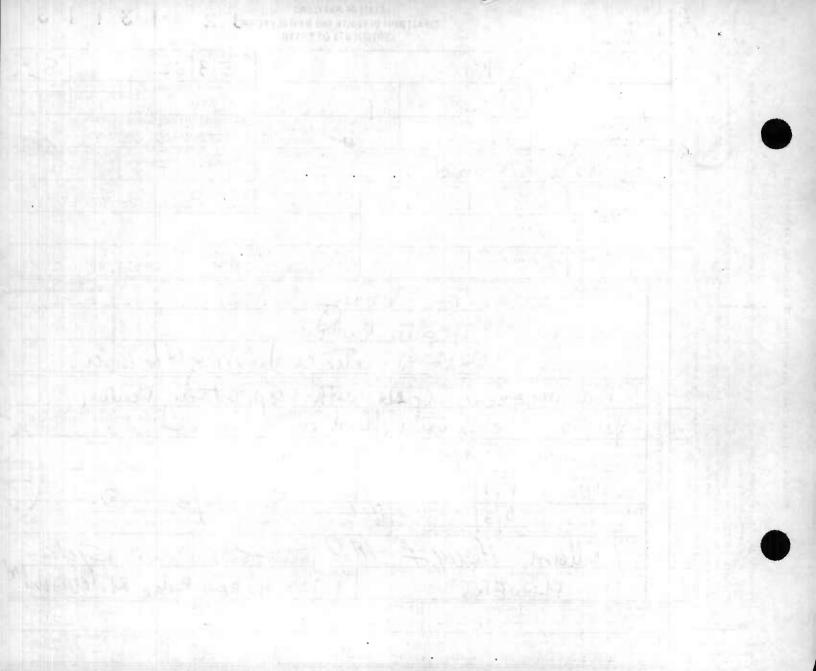
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1

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Ma	RTHPLACE (STATE OR FI COUNTRY) ryland		U.S.A	• WHAT COUNTRY?	MARRIE[NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	ounty	Y OF DEATH	
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16a V	VAS DECEASED EVER ES NO OR UNKNOWN)		ED FORCES?	16b SOCIAL SECUR	ITY NO.	Mr Lee Keist	addri cer 3000 E		d Drive	21043
	Canditions, if any,		DUE TO, OR	R AS A CONSEQUEN	NCE OF ,	an Care	monat	051	5	ENE
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RE, MARYLA	dwo dwo	1	THER'S NAME FIRST CHAIM MIDDL		KLE		15 MOTHER'S MAI		UNKNOWN	LAS	it .
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V ST., BAL	g physicia anpopers removol.	NOI	18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA		GT (01, (b)	Blee	lesy			BETWEEN	MATE INTERVAL ONSET AND DEATH
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₹ 5	d by the ease rem al, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO DR	as a dons	EQUENCE OF	the cu	Mosi	1 the	Liver.	
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OISINIO DA		MEDICAL	WHILE AT WORK	21e PLACE O	F INJURY II. FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	21	CITY OR TOWN	COUNTY	STATE
T S S S S S S S S S S S S S S S S S S S	The OR OR		22a. I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) vie	-		19 82 ff or	d that in (my) (our)	opinion death oc	SUrred on the date on		that (I) (we) lost couses stated
	AL DIRE detached ore Dept		226. SIGNATURE William	Ho	eu/k	f in	ATTEN PHYS	DING MEDIO	CAL STAFF TOR PHYSICIAN [224. DAJE	SIGNED
CH CH			22d. PHYSICIAN'S NAME (TYPE OR PRIN	ERS			1080 2	L Hicke	our Ridge	Rd Col	umbane
Ę	BP		URIAL, CREMATION, REMOVAL 23 PECIFY) REMOVAL MA	Bb. DATE Y 4, 1	1982	HULON (EMETERY OR CREM	13	EL AVIV	COUNTY	ISRAEL
	H - 16 50M 1/76 VR A 15 (4))		NERALDIRECTOR SOL LEV NAME 10 REISTERSTOWN I		& BRO ALTO.,		215	MAY 4	1982	EGISTRAR'S SIGNAT	arther



SLACK Funeral Home, Ellicott CTty, Maryland 21043

STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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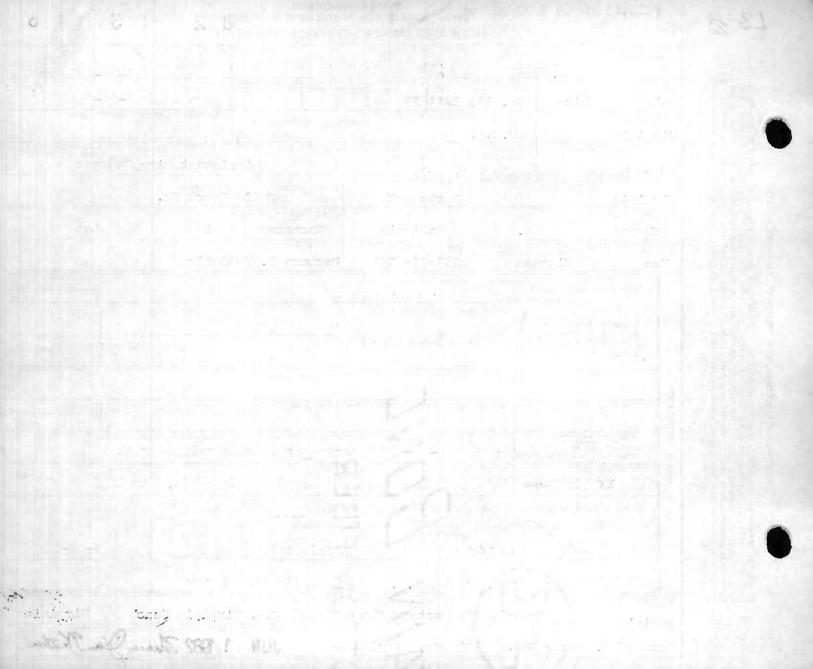
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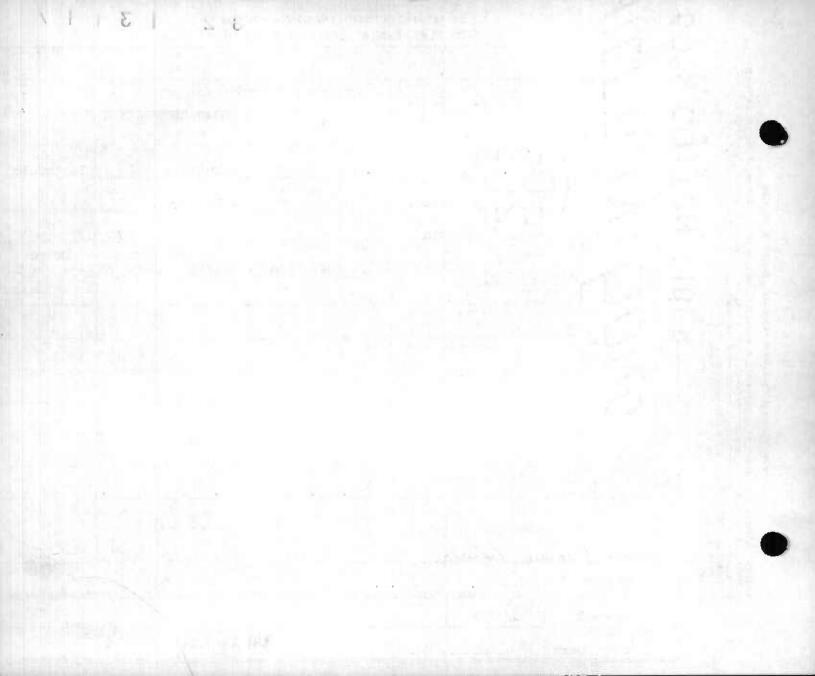
STATE OF MARYLAND

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111	REGISTRAR ECEASED NAME PE OR PRINT!	FIRST		MIDDLE	LAST	•	70 DATE KNOWN		DAY YEAR	26. HOUF
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	OREIGN COUNTRY	OR	76. CITIZEN OF WE	IAT COUNTRY?	MARRIED N	EVER MARRIED		OR COUNTY	OF DEATH	
	rginia	DEATH	U.S.A.	PITAL, NURSING HOME	WIDOWED	DIVORCED	HOWARD	County	2b. KIND OF BU	MD
J. (DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			or most of working life) ssistant Ci		OR INDUST	
750	AL RESIDENCE (IF)	N NURSING TOME!	7001 [OR OTHER INSTITUTION, GIV	PER CUP	INC	A	ssistant Ci	Ly Manie	ager	A 11
30.	STATE	ISI COUN	ITY	13c. CITY OR TOWN Portsmouth	13d. INSIDE	NO 43	6 Court St.			
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	Thomas		A.	McGinnis		rbara	L MIDDLE	12	Lee	
160	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY			ADDRE	SS		
	res, no, or unknown Ces	Viet	war or dates)	257-66-835	8 Barb	ara L. M	cGinnis			
	18 CAUSE OF D	EATH (Enter on	nly ane cause per line	for (a), (b), and (c).)					APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
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	tying cause l	ating the <u>under</u> last.	DUE TO, OR	AS A CONSEQUENCE C	OF .					
	DARY 2 OTHER CICHIE	THE THE CONDITIONS	(c)	OUT NOT RELATED TO THE TERMI						
	PART 2 OTHER STORIE	ICANI CONUITIONS	CONTRIBUTING TO DEATH I	OF NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1 (a)				
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TIFICATION	19a. DATE OF OF	PERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	KMED!			YES 🗆	NOIVI
CERTIFICATION	21a. EXTERNAL C	LAUSE WAS	216. TIME OF	INJURY	71¢ HOW INJUR	Y OCCURRED (EN	TER NATURE OF INJURY IN ITEM		YES 🗆	NO X
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<i>b</i>	1 - STATE REGIS	TD A D		DEPARTMENT	OF HEALT	HAND MENTAL I	DEDEATH	1 3	117
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ECESS NEBAL NEBAL	FOREIGN C New	Jersey	76. CITIZEN OF W		WIDO	EED K NEVER MARK	ced Howa	rd Count	У, мо.
D. 21201 2. AND 3 TO THE FU. 3. RETAIN PAGE 52 SHOULD BE FILED. ALRECORDS, 201 W.	Col	umbia	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt. 108, west of Rt. 29 Technician				LIFE)	126 KIND OF BUSINESS OR INDUSTRY Electronic	
F AND 3 SHOULD RECORD	Md,	DENCE (IF IN NURSING HOW	NTY	13c CITY OR TO	omission) VN	13d. INSIDE (ITY LIMITS? YES NO	1011 - 010	ve.	
ORE, MD. DEATH. IF GES 1, 2, MAND 2 S OF VITAL		sı 11iam		Melvin		15. MOTHER'S MAID	WIDDLE	McC	ready
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETAING THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETAINGUID BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	> 80	AUSE OF DEATH (Enter of ART I DEATH WAS CAUSI IMMEDIA Conditions, if ony, which pover rise to immediate ause (a) stating the under ying cause last.	ATE CAUSE (a). DUE TO, OF		Injurie NCE OF	es			BETWEEN ONSET AND DEATH
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD."PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALLINGER, MARYLAND, 21201 PRIOR TO BURBLAL, CRE	DICAL CON 214. II	ERLYING OR TRIBUTING CAUSE OF NJURY OCCURRED	HOUR A.A F DEATH 1:05 MA 21e. PLACE	A. MONTH DAY	YEAR 9 82 d ME. 21f. LC	river of au	uto that los	t contro	OLINIY STATE
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MEDICAL EX CCUTE THE CG GE 4 SHOUL FUNERAL D THE DEATH, V	EXAM	ATURE UNGW	rginia L.	Dolan, M		ADDRESS	t medical examine		
D B B B B B B B B B B B B B B B B B B B	230. BURIAL, (SPECIFY)	CREMATION, REMOVAL Removal	23b. DATE 5/4/82	23c. NAME C	F CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY STATE
259 DHMH-17 (VR A15 ME (5)) 15M 2/80	NAME	tomy Board	ADDRES Balt	s to., Md.		25g. DATE	MY 1 TO 1982	PSB. REPUSTRAP	SIGNATURE



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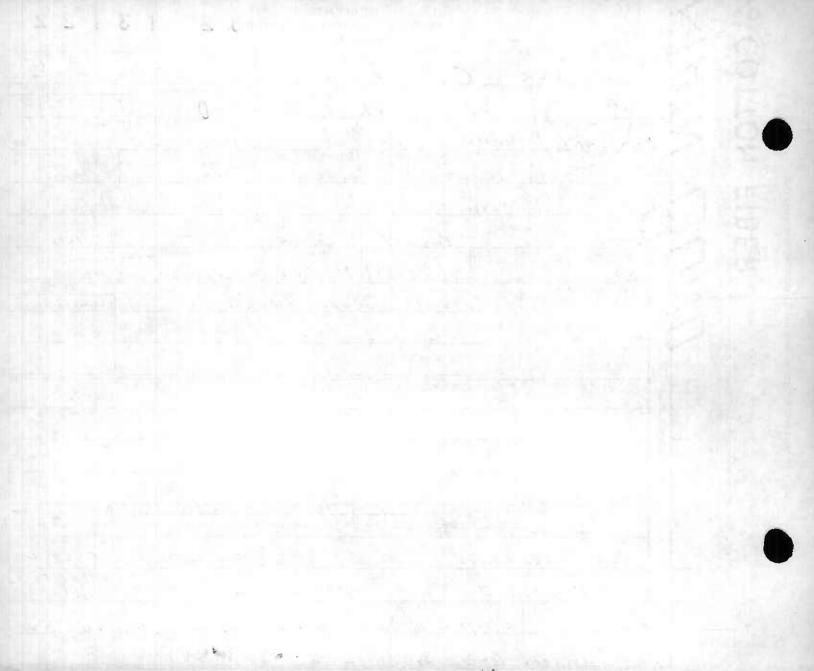
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10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS			12a LISHAL OCCUPATI	IONI IIIA KI	ND OF BUSINESS OR
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7	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o)
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E					VES TI NOTE		USES OF DEATH?
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			NAME OF CEN	AETERY OR CREMATORY	23d. LOCATION		
1	Cremation	May 26, 1982	Westvie	W	Catonsy	ille. Balt	to. Maryland
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24 FL			Ellicot	t City 250. DA	TE REC'D. BY REGISTRAR		-201
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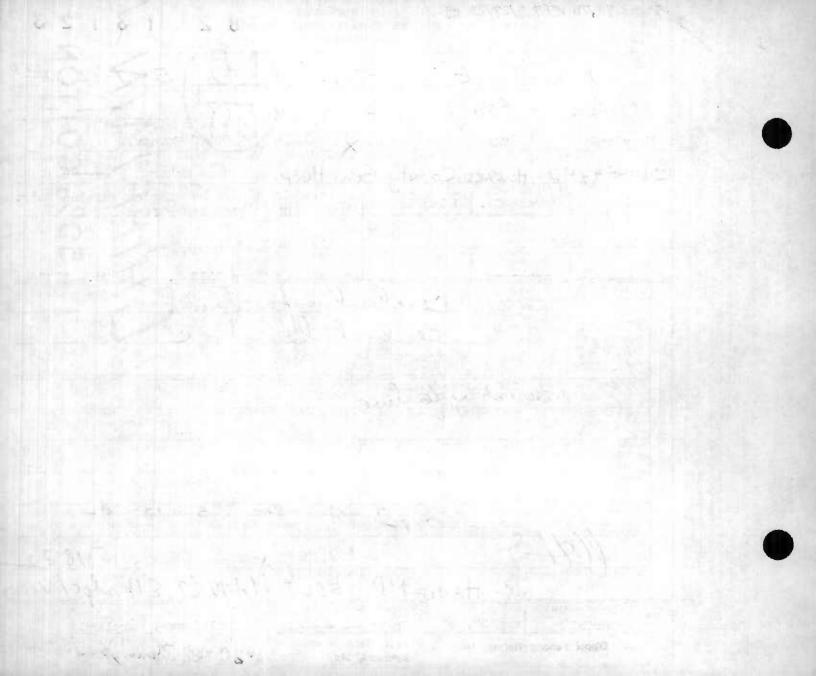
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AL RI	he k on.	I F					YES NO	YES	NO [
1	7 % C O T 00 /	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	N ITEM 18, PART 1 OR PAR	T 2]
20	SICI/ og p gerti riol- ento ento	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	1 P.M.	19			Editor 18	
DIVISION OF VITAL RECORDS,	PHYS tendir the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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	R ATTI hospit IRECTC hed for ept. of them 21		obove, (I) (we) (did) (did no	ot) view the body after death.		EGREE			DATE SIGNED
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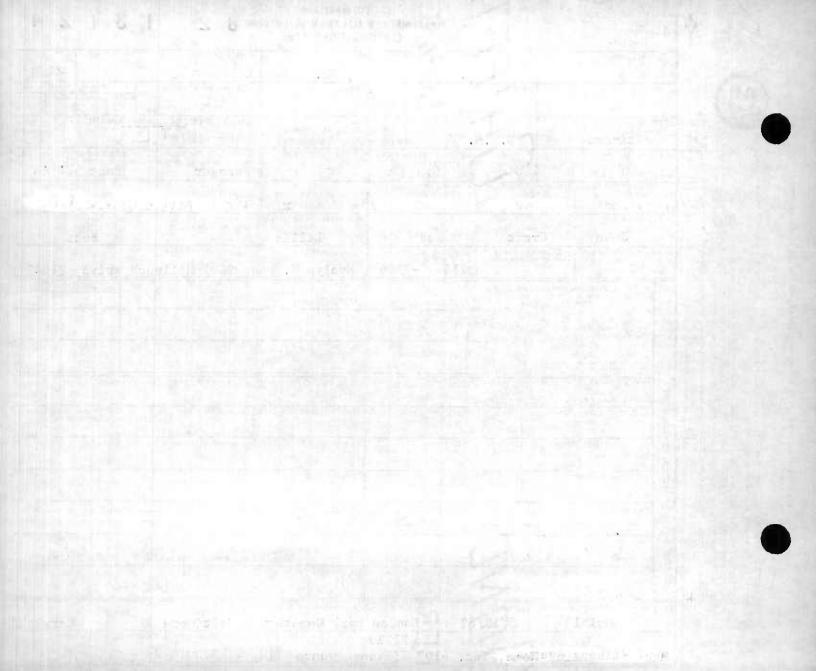


Mubbard Funeral Home, Inc. 4107 Wilkens Avenue

BALTIMORE, MARYLAND 21201

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201



Loring Byers Funeral Directors, Inc.

(VR A 15 (4))

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Catonsville. Md. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

NOF

Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

82

PRESTON DIVISION OF VITAL RECORDS,

FOR 1 - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

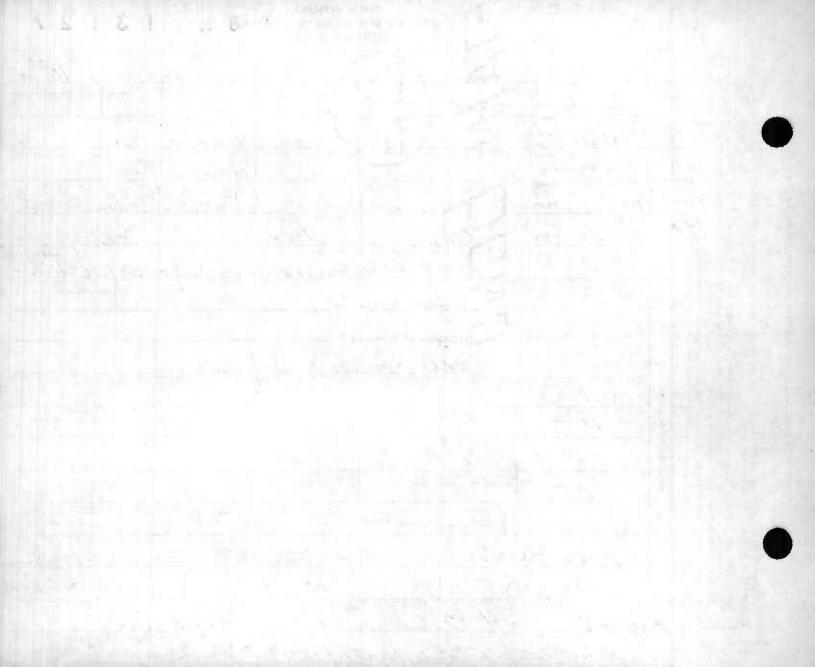
(VRA 15, 4)

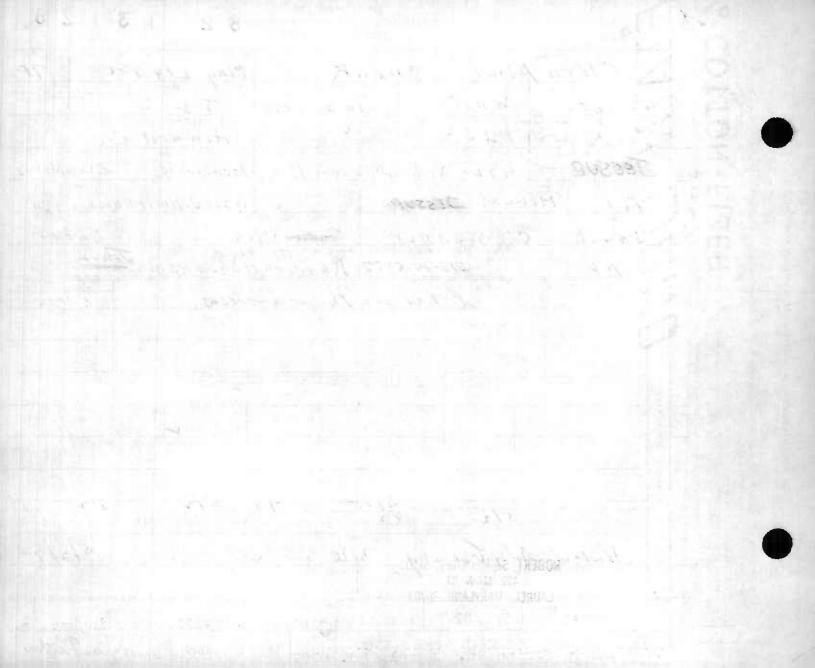
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		REGISTRAR CEASED NAME FIRST ORPRINT)	MIDDLE		AST	REG. NO	D. MONTH DAY YEAR	R 25 HOUR
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÷ + + + + + + + + + + + + + + + + + + +		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA	D.RV.	(b), and ic.	LCVA		APP BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
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he low re on. hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b, IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH?
ION OF VITAL HYSICIAN: The right graph physicions certificate buriol: transit buriol: transit i Mental Hygue or frem 18 sho		210. ACCIDENT WAS DEPOSITED OR CONTRIBUTING (IF EITHER, NOTIFY MET)	216. TIME OF INJURY HOUR AM. MON	DAY YEAR	21c HOW INJURY/OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
IVISIG IG PH offen ter thi s the I s the I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
OR ATTENDIN e hospital or DIRECTOR: Af orded for use o Dept. of Health		220. I certify that (I) (this hospi saw the deceosed alive an above, (I) (we) (did) (did no	tal) attended the deceased 5 3 0 it) view he bady after death		nd that in (my) (our) opinion o	to 3/3	ite and haur and from	—, that (I) (we) last the causes stated
At OR Ay the house tal DIRE detached ore Dept.		1 Dullin 7	lambf	11		MEDICAL STAF	F	130/2
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Bb————	230	SURIAL, CREMATION REMOVAL SECIETY)	6-4-85	Simo son	EMETERY OR CREMATORY	23d LOCATION	1 LOUNTY	TVC, STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		JNERAL DIRECTOR	< 5 2 2 2 2 ADDI	RESS A /a-	76 Arg UN	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE





	6	X	?	FOR - STATE REGISTRAR		
		V	1	1. DECEASED NAME (TYPE OR PRINT)	Lou	is
	ge 4	director pa		3. SEX male		4 RACE WHITE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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REG. NO.

		OR PRINT	FIRST		WIGDER		ASI		Za DATE OF L	PEAIH	MONTH	DAT YEAR	26 HOUR	
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	3. SE	(4 RACE		5. DATE C	OF BIRTH		6. AGE (INYEA	RS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 2.	4 HRS
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	NC	VAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES)	142-10-3	3054	MRS. PO	LLY STE	EINHART	FUI	TON	MARYLA	ND	
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		saw the decense	id did no	the body	ofter death.	, or	id that in (my)	(our) opinion o	death accurred	on the do	te and hou	ur and from the	couses state	ed
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1							4.1		7.					

IMPORTANT: If them 21 is

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

SADDLEBROOK, BERGEN, NEW

BURIAL AHAVATH TORAH CEMETERY 5/14/1982 23 24 CARROLL STREET, N. W, WASHINGTON, D. C. 1 7 1982 PREGISTRAR 286 NEGISTRAR SIGNATURA ERSEY

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1 9	(4)	3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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ted omo	10 /8	1	Howes	Fish		Amelia		Wel	.sh
xecu	ges l		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU E WAR OR DATES)	JRITY NO.	Margaret 1	ADDRESS I. Shito		
9 0	Po a		NO N/	A 220-48	-9988	Margaret 1	rd St. Savag	e Md. 20	763
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Catonsville, Md.

DHMH - 16 50M 1/76

(VR A 15 (4))

MacNabb Funeral Home

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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 metaloned by the hospital or attending physician.	© FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, by though be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after.

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beginers), begins	int mension of		Caren Common 94 18

SSENT STATE STAT	10	STATE REGISTRAR CEASED NAME FIRST	568 6/28/82 STARTMENT OF MEDICAL EXAMIN	HEALTH AND MENTAL H IER'S CERTIFICATE O	F DEATH REG. NO	3 1 3 3 D. MONTH DAY YEAR 126 HOU
136 STATE 139 COUNTY 136 CHY ON TOWN 136 INDUCTIVE LAND 136 IN	A (TYP	(4 RACE	SEPH Martin S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER AY) MONTHS DAYS HOURS	DEATH MATED 24 HRS 2c. DATE PRONOUNCED	5-28-82, MONTH DAY YEAR 18 HOU
136 STATE 139 COUNTY 136 CHY ON TOWN 136 INDUCTIVE LAND 136 IN	Mal	RTHPLACE (STATE OR REIGN COUNTRY). reign country). rginia	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRI WIDOWED DIVORC	ED 9 BALTIMORE CITY O	DR COUNTY OF DEATH
136 STATE 139 COUNTY 136 CHY ON TOWN 136 INDUCTIVE LAND 136 IN	50 C	olumbia	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING (IFF) Police Office	r Police
RUGOLD NOT WET MATERIAL CAUSE WAS PROPERLY CONTINUED TO BEATH BUT NOT BELLETED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 1 or THE NATURE OF PULLAR TO THE NATURE OF P	3 Vi	rginia 135 COUNT	Suffolk	13d. INSIDE CITY LIMITS? YES NO 1	N NAME	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) storing the under- lying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1-ig. 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS UNDERLYINGX OR UNDERLYINGX OR UNDERLYINGX OR UNDERLYINGX OR UNDERLYINGX OR WHILE NOT WHILE AT WORK 21c PLACE OF INJURY 11d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME. 17d INJURY OCCURRED 21d LOCATION 21d LOC	16a V	I <mark>dolph</mark> VAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SECURIT	Mary Y NO. 17. INFORMANT	MIDDLE	Screeney
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19th Date of Operation 19th Condition for which operation was performed? 20 autopsy? Yes XX NO 21th Time of Injury Year 21th How Injury occurred (enternature of injury in tem 18 part 1 or part 2) Yes XX NO 21th Time of Injury Year 21th How Injury occurred (enternature of injury in tem 18 part 1 or part 2) Yes XX NO 21th Time of Injury Year 21th How Injury occurred (enternature of injury in tem 18 part 1 or part 2) Yes XX NO 21th Time of Injury Year 21th How Injury occurred (enternature of injury in tem 18 part 1 or part 2) Yes XX NO 21th Time of Injury Year 21th How Injury occurred (enternature of injury in tem 18 part 1 or part 2) Yes XX NO 21th Time of Injury in tem 18 part 1	ON, OR REMOVAL.	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a) stating the under-	y one cause per line for (a), (b), ond (c).) BY: E CAUSE (a) Multiple in J DUE TO, OR AS A CONSEQUENCE (b)	uries OF	h 2636 Buckingh	
The continent of white of injury YES XX NO [216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) UNDERLYING XX OR 10 PART 2 PA	NOIL				RT 1 (a):	20 AUTOBOV2
UNDERLYINGXX OR CONTRIBUTING CAUSE OF DEATH P.M. 5-28-82 pilot of an airplane crash 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 17d. WORK AT WORK INTO a house 70 7001 Deep Cup 22d. I certify that I taak charge of the remains described above, held an death resulted from: // Noticide Accident X, Suicide Accident X, Suici	FRTIFICA				D CENTER NATURE OF INJURY IN ITEM IS	YES XX NO
270. I certify that I taak charge of the remains described above, held an Autopsy M. Inspection I. Inquiry I. and in my opinion death resulted from: // Nortral causes I., Accident M., Suicide I., Hamicide I. Undetermined manner I. ACTUAL SIGNATURE MEDICAL EXAMINER DATE 5-29-82 EXAMINER'S NAME Harmor P. Guard M.D. 1111 Page Stroot	MEDICAL CI	UNDERLYINGXX OR CONTRIBUTING CAUSE OF D 214. INJURY OCCURRED	DEATH P.M. 5-28-82	pilot of an	airplane crash	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE 5-29-82 EXAMINER'S NAME LIGHTON B. GUARD M.D. 111 Popp Stroot	3	220. I certify that I taak charge	e of the remains described obove, held an	Autopsy N, Inspection	In . Inquiry . an	,
		IN	MAW	M.D. Assistant		DATE 5-29-82 SIGNED
Burial June 1,1982 Olive Branch Cemetery Portsmouth Virginia	230.8	SIGNATURE		METERY OR CREMATORY	Penn Street 13d, LOCATION CITY OR TOWN	COUNTY STATE

DE: 7/

